

**NEW APPLICATION
INSTRUCTIONS AND FORMS
NONPUBLIC, NONSECTARIAN SCHOOL**

**NOTE: INSTRUCTIONS FOR COMPLETING SPECIFIC APPLICATION FORMS
ARE LOCATED ON THE PAGES PRECEDING EACH REQUIRED
FORM.**

INSTRUCTIONS

NOTIFICATION OF INTENT TO SEEK NEW NONPUBLIC NONSECTARIAN SCHOOL/AGENCY CERTIFICATION TO THE SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

Instructions for completing and submitting the SELPA notification:

- The applicant must complete the top portion of the following notification form and attach a copy of the completed new application.
- The applicant must mail the notification form along with a copy of the completed new application to the SELPA. **The applicant must use a mailing service that provides a receipt as proof of delivery.**
- The SELPA will return the signed notification form to the applicant. This document shall serve as proof of notification to the SELPA.
- The applicant must mail the signed SELPA notification form along with the completed new application to the California Department of Education and retain a copy of the signed SELPA notification and new application for his or her files.

Notification of Intent to Seek New Nonpublic, Nonsectarian School/Agency Certification

Date: _____

To: Name of Special Education Local Plan Area (SELPA): _____

From: ☐ Name of New Nonpublic School (NPS): _____

Address: _____

Site Administrator: _____ Telephone: _____

☐ Name of New Nonpublic Agency (NPA): _____

Address: _____

Site Administrator: _____ Telephone: _____

Education Code Section 56366.1(b)(1) requires the applicant to provide the special education local plan area in which the applicant is located with the written notification of its intent to seek certification or renewal of its certification to provide services for individuals with exceptional needs.

SELPA USE ONLY

SELPA representative to sign below:

I am the representative of the SELPA in which the applicant is located. I have been notified of the intent of the school or agency named above to be certified by the California Department of Education as a nonpublic, nonsectarian school/agency providing services for individuals with exceptional needs. I have reviewed the new application and have had the opportunity to provide input on all required components of the application, including the curriculum/course of study and instructional materials for the nonpublic school.

Printed Name of SELPA: _____

Printed Name of SELPA Representative: _____

Signature of SELPA Representative: _____

Please return this signed verification to the applicant named above for submission to the California Department of Education.

**INSTRUCTIONS
NEW NONPUBLIC, NONSECTARIAN SCHOOL
APPLICATION FORMS**

Type or print clearly when completing application.

1. Applicant Information

- Each section **must be completed** (e.g. name of school, address, city, name of the county in which your school is located, name of the site administrator and contact person, etc). The site administrator is not the district, county, or special education local plan area (SELPA)
- Provide your FAX number, **e-mail address and website address**, if applicable.

2. Disabling Conditions

- Check box for the type(s) of disabilities served by your school.

3. Population Served:

- Check box to indicate the group served: COED FEMALE MALE
- Indicate grade level(s) served.
- Indicate age range served.
- State the **maximum** number of students to be served by your program for the calendar year (the program capacity). The fee submitted must be aligned with the program capacity.

**NEW CERTIFICATION APPLICATION
NONPUBLIC, NONSECTARIAN SCHOOL**
(See Instructions on prior page).

Type or print clearly.

Date : _____

Office Use Only
\$_____ Fee Submitted

1. APPLICANT INFORMATION
Name of Nonpublic, Nonsectarian School:
Site Address:
City: _____ County: _____ State: _____ Zip: _____
Mailing Address (if different):
City: _____ State: _____ Zip: _____
Site Administrator: _____ Contact Person: _____
Telephone: () _____ FAX: () _____
E-mail Address: _____ Web Site Address: _____

1. DISABLING CONDITIONS (CHECK BOX FOR THE TYPE(S) OF DISABILITIES SERVED)	
<input type="checkbox"/> AUT Autism	<input type="checkbox"/> OI Orthopedic Impairment
<input type="checkbox"/> DB Deaf/Blindness	<input type="checkbox"/> ED Emotional Disturbance
<input type="checkbox"/> DEAF Deafness	<input type="checkbox"/> SL Speech or Language
<input type="checkbox"/> HI Hearing Impairment	<input type="checkbox"/> SLD Specific Learning Disability
<input type="checkbox"/> MD Multiple Disabilities	<input type="checkbox"/> TBI Traumatic Brain Injury
<input type="checkbox"/> MR Mental Retardation	<input type="checkbox"/> VI Visual Impairment
<input type="checkbox"/> OHI Other Health Impairment	<input type="checkbox"/>
3. POPULATION SERVED	
Check Box to Indicate Group Served: <input type="checkbox"/> COED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
Grade Level(s) Served: _____	
Age Range Served: _____	
Program Capacity: _____	

Type or print clearly when completing application.

4. Program and Service Description (*Education Code* Section 56366.10)

Provide a description of the special education and designated instruction and services provided to individuals with exceptional needs, including the following items:

- Disabling conditions of the students served
- Specific services designed to address student needs
- Entrance and exit criteria

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL:
DATE:

[illegible]

Type or print clearly when completing application.

5. Service Fees

- Include only services for which your school has qualified staff.
- For qualification standards, refer to *California Code of Regulations*, Title 5, Section 3064, Staff Qualifications – Special Education Instruction, and Section 3065, Staff Qualifications-Related Services, including Designated Instruction and Services.
- For each of the services listed on page 8, the names of appropriately credentialed, licensed, certified, or registered staff to perform these services must be recorded on page 12. Submit a copy of the appropriate credential, license, certificate, transcript, degrees or registration for each staff person listed.
- List service fees in the following categories:
 - Per hour
 - Per day
 - Per month

***Note:** Appropriate abbreviations must be included following services to be provided on staff list (page 12, column d).

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL:
DATE:

5.

SERVICE FEES

(include only the services your school currently has qualified staff.)

SPECIAL EDUCATION INSTRUCTION	Per Hour	Per Day	Per Month
Special Education (SE)			
DESIGNATED INSTRUCTION AND SERVICES AND RELATED SERVICES	Per Hour	Per Day	Per Month
Adapted Physical Education (APE)			
Assistive Technology Services (AST)			
Audiological Services (AS)			
Behavior Intervention Including Development and Modification (BID)			
Behavior Intervention Implementation of Behavior Modification Plans (BII)			
Counseling and Guidance Services (CG)			
Early Education Programs for Children with Disabilities (EE)			
Health and Nursing Services (HNS)			
Instruction in the Home or Hospital (IHH)			
Language and Speech Development and Remediation (LSD)			
Occupational Therapy Services (OT)			
Orientation and Mobility Instruction (OM)			
Parent Counseling and Training (PCT)			
Physical Therapy Services (PT)			
Psychological Services Other Than Assessment and IEP (PS)			
Recreation Services (RS)			
Social Worker Services (SW)			
Specialized Driver Training Instruction (SDTI)			
Specialized Interpreting or Transcribing Services (SIT)			
Specialized Services for Low Incidence (LI) (Identify Service)			
Specially Designed Vocational Education and Career Development (VECD)			
Vision Services (VS)			
Other (OTH) (Identify Service)			

Type or print clearly when completing application.

6. Corporate Name of Residential Program

- Indicate the corporate name of the residential program. Attach a copy of each license.

7. Indicate Status of Residential Program

- Indicate with an "X" whether the residential program(s) affiliated with this school is profit or nonprofit program.

8. Residential Facilities, Rate of Care Level(s) and Fees

- List the names(s) of each residential facility affiliated with the school as approved by the appropriate licensing agency. Attach additional pages if necessary.
- Indicate the total capacity of all residential facilities.
- Include the rate of care level (RCL) given to each affiliate by the Department of Social Services. **(This applies to California applicants only.)**
- List the fee for residential services.

9. Geographical Location of Nonpublic, Nonsectarian School

- Provide written directions and a street map showing the location of your school from the nearest major freeways and airport.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL: DATE:		
6. CORPORATE NAME OF RESIDENTIAL PROGRAM:_____		
7. INDICATE STATUS OF RESIDENTIAL PROGRAM: Profit_____ Nonprofit_____		
8. LIST OF RESIDENTIAL FACILITIES	RATE OF CARE LEVEL	FEE
Total capacity of all residential facilities:		

9. GEOGRAPHIC LOCATION OF NONPUBLIC, NONSECTARIAN SCHOOL (MAP)
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Type or print clearly when completing application.

10. Staff List and Clearance Information

- a) Type or print the full name of all individuals who have contact with students.
- b) Include the name of the individual or NPA providing services if you subcontract with an individual(s) or NPA(s) to provide services under your certification. In column b, mark an "X" by the individual or NPA subcontracting with the school to provide designed instruction and services (DIS).
- c) Indicate whether the employee is full-time or part-time using the abbreviation FT or PT.
- d) **Use the 2-4 letter designation for special education instruction or related services listed on page 8.**
- e) Submit credential, license, certification, or registration for the service(s) for which you seek certification.
 - **Degrees/transcripts are to be submitted only for staff providing Behavior Intervention Services-Including Development and Modification (BID), if applicable.**
 - **Proof of high school graduation, or equivalent, must be submitted for staff providing Behavior Intervention-Implementation of Behavior Modification Plans (BII).**
- f) **Provide the expiration date of certification, credential, license, or registration, if applicable.**
- g) **Provide the TB clearance date. Refer to page 5, General Information, Tuberculosis Clearance Requirements for clarification.**
- h) Provide DOJ criminal history clearance dates. Use abbreviations "cred." or "lic." For individuals who received a criminal history clearance date through a credentialing and /or licensing process. **For more information, refer to Staff Fingerprint Clearance Requirements beginning on page 4 of General Information.**

For Out-of-State Applicants Only: If your state has requirements that are different from above, write a letter and provide a copy of the statute or regulation governing fingerprint or criminal record summaries and submit these with your application.

NOTE: Nonpublic schools must notify the Office of Nonpublic Schools and Agencies and their contracting local educational agencies in writing within forty-five days of any credential or licensed personnel changes. Failure to provide properly qualified staff to provide services as specified in the individualized education program shall be cause for the termination of all contracts between the local education school and the nonpublic school or agency. **Information provided will be accepted only if it is included by using the form on page 12 or an exact facsimile of the form.** All columns must be completed. Use additional sheets if necessary.

Type or print clearly when completing application.

OUT-OF-STATE NEW NONPUBLIC SCHOOLS APPLICANTS ONLY

11. Program Data Form

- List only the California districts, county offices of education and Special Education Local Plan Areas (SELPA's) with which you are currently contracting. Also list the number of student and dollar value of contracts for each contractor.
- If you are currently not contracting with any school districts, county offices of education, or SELPA's, put an "X" in the box at the bottom of page 14.

Note: A nonpublic, nonsectarian school or agency that is located outside of this state is eligible for certification pursuant to *Education Code* Section 56366.1 only if a pupil is enrolled in a program operated by that school or agency pursuant to the recommendation of an individualized education program team in California, and if that pupil's parents or guardians reside in California. (*Education Code* Section 56365 [i])

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL: DATE:
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11.	PROGRAM DATA <i>(USE ADDITIONAL SHEETS AS NECESSARY.)</i>
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Contracting California School Districts/County Offices of Education/SELPAs	Number of Students	Contracts-Total Dollar Value
TOTALS		\$

☐ This NPS is currently not contracting with any school district, county office of education, or SELPAs.

11a. Annual Operating Budget (*Education Code* Section 56366.1[a] [4])

Please provide the nonpublic school/agency budget for the calendar year. This fiscal plan should be submitted through a line-item budget format. The annual operating budget is to represent costs associated solely with providing nonpublic school/agency services to special education students.

Type or print clearly when completing application.

12. Curriculum-Course of Study (*Education Code* Section 56366.1[j] and 56366.10 [b])

- **Identify the standards-based core curriculum (by program, publisher, grade level and subject area) for each grade level served by your nonpublic school.** The nonpublic school's curriculum must be the same standards-based core curriculum used by the local educational agency (LEA) in which the NPS is located.
- **Provide a list of subject area courses offered by grade level.**
- **List the instructional materials utilized (by program, publisher, grade level and subject area) for each grade level served by your nonpublic school.** Materials listed must be the same instructional materials used by the LEA in which your nonpublic school is located.
- **Provide a weekly class schedule.**
- **Provide the name of the school district in which your NPS is located.**

[illegible]

Attached additional sheets if necessary

Type or print clearly when completing application.

SUPPLEMENTAL INFORMATION NEEDED FOR CERTIFICATION OF NEW NONPUBLIC, NONSECTARIAN SCHOOL

Business License

Submit a copy of your current business license, which must include the name and address of your school. [**California Code of Regulations, Title 5, Section 3060**]

Zoning Clearance and Conditional Use Permit

Submit proof of proper local zoning, conditional use permit, or use permit for your school site. The clearance must include the name and address of your school. [**California Code of Regulations, Title 5, Section 3060**].

School Calendar

Submit a copy of your school calendar for the current school year.

Written Disaster and Mass Casualty Plan of Action

Submit a written disaster plan, specifically including fire and earthquake emergency procedures. Include other possible emergency procedures that may relate to your specific area. [**Education Code, sections 32001 and 35295-35297**]

Out-of-State Applicants Only (Certification by your State Department of Education)

Submit a copy of your current certification or license by your State Department of Education to provide educational services to children with disabilities under PL 105-17 for the state in which your school is located.

Private School Affidavit Form (California Applicants Only)

Every person, firm, association, partnership, or corporation offering or conducting private school instruction at the elementary or high school level for students of ages 6 through 18 years must file an affidavit with the State Superintendent of Public Instruction between October 1 and 15 of each year. [**Education Code Section 33190**]

The California Department of Education (CDE) uses an online process for filing affidavits. Forms are no longer available through county offices of education. Visit the CDE website at: <http://www.cde.ca.gov/sp/ps/rq/index.asp> .

For schools without access to the Internet, there will be a paper affidavit available. Schools should request a paper affidavit from the California Department of Education, Policy and Program Coordination, 1430 N Street, Room 4309, Sacramento, CA 95814, or call (916) 319-0371

Fire Inspection Clearance

Submit a fire inspection clearance form. It is a requirement of certification that a fire clearance be issued by the appropriate city, county, fire district or state fire official not less than once each calendar year. All sites must have individual fire clearances. Please make sure **THE FIRE INSPECTOR** fills in the **TOTAL CLASSROOM OCCUPANT LOAD BASED UPON THE CALIFORNIA BUILDING CODE & NUMBER OF CLASSROOMS** on the fire inspection clearance form. Other documentation provided by your local fire department (i.e., STD 850) may be utilized and attached to the CDE fire clearance form that provides the same information, location and the name of the nonpublic, nonsectarian school.

Building Safety Inspection Clearance

Contact your local city/county Building Department to complete this form. If they are unavailable to inspect, a building safety clearance may be obtained by a structural or civil engineer or locally licensed building contractor not affiliated with your program. The use of this form is optional. Other documentation may be utilized that **provides the same information**, location and name of the nonpublic, nonsectarian school.

Health Inspection Clearance

Contact your local city/county health department (Environmental Health Unit) to complete this form. If they are unavailable to inspect, a health inspection clearance may be obtained from a licensed public health nurse, registered nurse, school nurse or physician, not affiliated with your program. The use of this form is optional; other documentation may be utilized that **provides the same information**, location and name of the nonpublic, nonsectarian school.

Assurance Statement

Submit a written acknowledgement that you have read and comply with all assurances.

Positive Behavior Intervention

Submit a written acknowledgement that you have read and agree to comply with the Positive Behavior Intervention Regulations, **California Code of Regulations, Title 5 section 3052**.

FIRE INSPECTION CLEARANCE*

THIS ENTIRE FORM MUST BE COMPLETED BY THE INSPECTING AUTHORITY.

Name of Nonpublic, Nonsectarian School:			
Address:			
City:	County:	State:	Zip:

Total Classroom Occupant Load Based Upon The California Building Code (CCR, Title 24): _____	
Number of Classrooms: _____	
This facility is approved to service (check appropriate one) :	
<input type="checkbox"/> a. ambulatory	
<input type="checkbox"/> b. non-ambulatory	
<input type="checkbox"/> c. both	
This facility complies with all applicable standards related to fire and life safety (check one) :	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
This facility is in violation of standards; the following corrections are needed (use back of form for more violations)	
1.	
2.	
3.	
4.	

Nothing contained herein shall be construed as encompassing the structural stability of any building, or as abrogating any more restrictive requirements by other agencies having jurisdiction.

For answers to any questions regarding the above clearance contact:

Inspector (print name):	
Title:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

Contact the local city or county fire department of the fire district providing fire protection services to arrange for this clearance. If you cannot obtain a local fire clearance, your fire inspection can be ordered through the State Fire Marshal. Contact our office for this form. **All** sites **MUST** have individual fire clearances.

It is a requirement of certification that a fire inspection clearance be issued by the appropriate city, county, fire district or state fire official not less than once each calendar year.

*Other documentation provided by your local fire department (i.e., STD 850) may be utilized and attached to the CDE fire clearance form that provides the same information, location, and name of the nonpublic, nonsectarian school.

BUILDING SAFETY INSPECTION CLEARANCE*

Name of Nonpublic, Nonsectarian School:			
Address:			
City:	County:	State:	Zip:

Our recent inspection of the above named school was found to be in compliance with local and state applicable standards.

For answers to any questions regarding the above clearance contact:

Inspector: (print name)	
Title and License Number:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

Contact your local city/county building department to complete this form. If they are unavailable to inspect, a building safety clearance may be obtained by a structural or civil engineer or locally licensed building contractor not affiliated with your program.

*The use of this form is optional. Other documentation may be utilized that **provides the same information**, location, and name of the nonpublic, nonsectarian school.

HEALTH INSPECTION CLEARANCE*

Name of Nonpublic, Nonsectarian School:			
Address:			
City:	County:	State:	Zip:

Our recent inspection of the above named school relating to the health standards of the building(s), was found to be in compliance with local standards and in general compliance with the following items: **Place an “X” or “N/A” in the appropriate boxes.**

	Facility is clean, safe, sanitary, and in good repair.
	Sufficient toilets are clean and in operating condition.
	Water faucets are clean and in operating condition.
	If water comes from a private source, a bacteriological analysis was conducted that established the safety of the water.
	Soaps and toxins are properly stored.
	First aid kit maintained and properly stocked.
	Equipment and supplies for personal care/hygiene readily available.
	Medications stored and locked appropriately.
	A written disaster and mass casualty plan of action is available.
	Kitchen, equipment, and utensils clean and well maintained.
	Knives are stored in a locked or non-accessible location.
	Food is protected against contamination.
	All persons are safe from hazards.
	Occupancy does not exceed designated capacity.

For answers to any questions regarding the above clearance contact:

Inspector: (print name)	
Title and License Number:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

Contact your local city/county health department (Environmental Health Unit) to complete this form. If they are unavailable to inspect, a health inspection clearance may be obtained from a licensed public health nurse, registered nurse, school nurse or physician not affiliated with your program.

*The use of this form is optional. Other documentation may be utilized that **provides the same information**, location, and name of the nonpublic, nonsectarian school.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL: DATE:
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ASSURANCE STATEMENT

I assure that the nonpublic, nonsectarian school listed above will maintain compliance with all of the following items:

1. In accordance with the Fair Employment Act, employers will not discriminate based on any of the following: sex, race, age, national origin, ancestry, religious creed, physical handicap, medical condition, or sexual orientation (Executive Order 11246; Section 504 of the Rehabilitation Act of 1973: Age Discrimination in Employment Act of 1975: Title VII and Title VI of the of the Civil Rights Act). U.S. Code Title 20 prohibits employment discrimination on the basis of sex in education programs or activities which receive Federal assistance.
2. Compliance with Title VI of the Civil Rights Act of 1964 (PL 88-352) and all requirements imposed by or pursuant to the provisions of this Act, and to that end, no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the school receives federal and state financial assistance, and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.
3. The nonpublic, nonsectarian school will comply with the rules and regulations of Part 84, section 504 of the Rehabilitation Act of 1974, and all subsequent amendments, in that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity including those which receive or benefit from financial assistance.
4. Compliance with OSHA Bloodborne Pathogens Standards, 29 Code of Federal Regulations (CFR) 1910.1030.
5. Pursuant to the requirements of the Drug Free Workplace, U.S. Code, Title 41, section 701, the employer must provide a drug free workplace. It is unlawful to manufacture, distribute, use, or possess a controlled substance in the workplace.
6. Compliance with the Individuals with Disabilities Education Act, and all subsequent amendments and requirements imposed by or pursuant to the provisions of these Acts shall be maintained.
7. The nonpublic school has a written policy on sexual harassment. [*Education Code* Section 212]
8. The rights of children with disabilities and their parents or guardians are protected in such ways as: (1) prior notice, and consent, (2) access to records, (3) confidentiality, and (4) due process procedures.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL: DATE:
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ASSURANCE STATEMENT- continued

9. The nonpublic, nonsectarian school shall maintain records of the written instructional plans and short-term objectives for each child enrolled and will specify the special education program and related services to be provided. Such plans shall be developed, reviewed, or revised as appropriate to the child's IEP early in each school year and during the first year at least one other time.
10. The school meets the requirements established by or under authority of the laws of the state and applicable city and/or county ordinances. Environmental health, sanitation and other building features shall not be detrimental to the health and safety of the students and staff.
11. The school has the necessary financial resources to provide an appropriate education for the children enrolled and will distribute those resources in such a manner as to implement the IEP for each and every child.
12. All personnel employed after 1/1/85 have signed a statement acknowledging their understanding of the reporting requirements in the cases of observed or suspected cases of child abuse. **[Penal Code 11166.5]**
13. The nonpublic, nonsectarian school applicant is not operated or controlled by a sectarian group. The primary purpose of the facility is not operated or controlled by a sectarian group. The primary purpose of the facility is nonreligious and religious education is not part of the facility's program.
14. In accordance with *Education Code* Section 56366.10(a-d), the nonpublic, nonsectarian school shall meet all of the following requirements:
 - (a) It will not accept a pupil with exceptional needs if it cannot provide or ensure the provision of the services outlined in the pupil's individualized education program.
 - (b) Pupils have access to the following educational materials, services, and programs to the extent available at the local educational agency in which the nonpublic school is located:
 1. Standards-based, core curriculum and the same instructional materials used by the local educational agency in which the school is located.
 2. College preparation courses.
 3. Extracurricular activities, such as art, sports, music, and academic clubs.
 4. Career preparation and vocational training, consistent with transition plans pursuant to state and federal law.
 5. Supplemental assistance, including individual academic tutoring, psychological counseling, and career and college counseling.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL: DATE:
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ASSURANCE STATEMENT- continued

- (c) The teachers and staff provide academic instruction and support services to pupils with the goal of integrating pupils into the least restrictive environment pursuant to federal law.
- (d) The school has and abides by a written policy for pupil discipline which is consistent with state and federal law and regulations.

I certify under penalty of perjury that the above-named school is committed to follow all laws and regulations as stated above.

Name (Print):			
Title:			
Signature:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone: ()			



CALIFORNIA
DEPARTMENT OF
EDUCATION

1430 N STREET
SACRAMENTO, CA
95814-5901

JACK O'CONNELL

State Superintendent of
Public Instruction

PHONE: (916) 319-0800

December 29, 2004

To: New & Renewing Nonpublic Schools and Agencies

From: Alice D. Parker, Ed.D.
Assistant Superintendent
Director, Special Education Division

Subject: Positive Behavior Intervention Regulations

All nonpublic schools and agencies are required to comply with the provisions of *California Code of Regulations*, Title 5, Section 3052, relative to the provision of behavior intervention. It is important that you read these regulations and acknowledge that you will comply with the requirements.

You can secure a copy of these rules by purchasing *A Composite of Laws* from CDE Press (800) 995-4099 or you can access these regulations, free of charge, through the following web site:

http://www3.scoe.net/speced/laws_search/searchLaws.cfm.

Please sign and return this page with your nonpublic school and/or agency application.

This is to acknowledge that I have read *California Code of Regulations*, Title 5, Section 3052. These rules provide guidance relative to positive behavior interventions. I agree that the nonpublic school or agency, for which I serve as a representative, will comply with all discipline practices, procedures for behavioral emergency intervention and prohibitions. I also ensure compliance with my school/agency's role in conjunction with the contracting local education agency in developing and implementing a pupil's behavioral intervention plan consistent with these regulations.

Printed Name of Representative

Signature of Representative

Name of Agency

Date